

**EDI Payment Agreement**  
**For Vendors**

This agreement is entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the Commonwealth of Virginia ("Commonwealth"), and \_\_\_\_\_ ("COMPANY").

COMPANY hereby authorizes the Commonwealth to make payments for goods and services covered by any agreement between the Commonwealth and COMPANY (the "Business Agreements") by utilizing, at the Commonwealth's option, electronic data interchange ("EDI"). COMPANY acknowledges and agrees that the provisions in the Business Agreements governing the method and timing of payment shall be amended to the extent provided in this Agreement.

An EDI payment from the Commonwealth to the COMPANY shall be considered timely if the payment is completed in accordance with the Prompt Payment Act. If the EDI payment cannot be completed on such date, the Commonwealth's payment is timely if the funds transfer is completed on the next business day. The EDI payment shall be deemed completed when the COMPANY's Depository Institution has accepted the payment order within the meaning of Article 4A of the Uniform Commercial Code as enacted in the jurisdiction whose law governs this agreement. No EDI payment may be used by the Commonwealth to effect an accord and satisfaction without the Company's written consent thereto. The Electronic Payment Information Form is an integral part of this agreement.

If CTX is chosen, COMPANY understands and acknowledges that the Commonwealth will deliver the remittance data to COMPANY's designated Depository Institution. If CCD is chosen, the Commonwealth agrees to deliver the remittance data in Electronic Format to a value added network acceptable to the Commonwealth.

The COMPANY shall provide the Commonwealth written notification of any change in the depository institution, payment instructions, or remittance data instructions at least 15 days in advance of such change. Such notification shall be delivered to the Virginia Department of Accounts via:

- E-mail to: [edi@doa.state.va.us](mailto:edi@doa.state.va.us),
- Fax to: (804) 225-4250, or
- U.S. Mail to: Virginia Department of Accounts, General Accounting, P.O. Box 1971, Richmond, VA 23218-1971.

A "Trading Partner Notification of Change" form can be printed from DOA's website ([www.doa.state.va.us](http://www.doa.state.va.us)), the changed information filled in, and the form faxed or mailed to the fax number or address above, respectively.

In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, COMPANY agrees to return any such payment to the Commonwealth, after the Commonwealth first provides information to the COMPANY documenting any duplicate payment, overpayment, fraudulent payment, or payment in error. Any return shall, at COMPANY's option, be made by EDI payment in accordance with the rules of the National Automated Clearinghouse Association, or by check.

The Commonwealth shall be responsible for making all payments required pursuant to the Business Agreements and for any loss of payment prior to the point at which the COMPANY's Depository Institution shall have accepted the payment order, except that COMPANY shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided by the COMPANY herein, or any subsequent changes thereto. Any other loss shall be borne by the Commonwealth, except to the extent that such loss arises by reason of the negligence or willful misconduct of the COMPANY. In the event that payment timely initiated by the Commonwealth has not been received by COMPANY by the due date thereof because of failure or delay by the funds transfer system or rejected by the COMPANY's bank, the Commonwealth shall pay the COMPANY as soon as practicable after such failure or delay is discovered and the Commonwealth shall not be in breach of the Business Agreements for failure to make payment.

Each party shall bear the respective fees and other charges assessed by its designated banks and third party service providers.

Each party may terminate this Agreement upon 30 days notice to the other, but this Agreement will remain in effect as to all funds transfers that have been initiated by the Commonwealth and not canceled prior to termination hereof.

In the event of any inconsistency between this Agreement and any other Business Agreement addressing the subject matter of this Agreement, this Agreement shall control.

This agreement is governed by and interpreted in accordance with the laws of the Commonwealth of Virginia.

COMPANY: _____	Signature:	_____
	Print Name:	_____
	Title:	_____

***VENDOR***  
***ELECTRONIC PAYMENT INFORMATION FORM***

**Information Required for Your Company:**

Name of Company \_\_\_\_\_

Taxpayer Identification Number (TIN) for Company \_\_\_\_\_ Does any parent or subsidiary company or other entity use this TIN? Yes \_\_\_\_ No \_\_\_\_ Does another division that needs payments to go to a different bank account use this TIN? Yes \_\_\_\_ No \_\_\_\_

Address of Company (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

(Check/complete one) Corporation \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_ Reportable Corporation \_\_\_\_

Sole Proprietor \_\_\_\_ Other: \_\_\_\_\_

Contact Person for Company \_\_\_\_\_ e-mail \_\_\_\_\_

Area Code/Telephone Number for Company \_\_\_\_\_

Payment Format Desired (Required - must select one): CCD \_\_\_\_ CTX \_\_\_\_

Fax Telephone Number for Company \_\_\_\_\_

**\*\* Complete only if selecting CCD format and requiring remittance data be sent to a VAN with which your company has contracted.**

**\*\* Company VAN Name** \_\_\_\_\_

**\*\* VAN Receiver ID:** \_\_\_\_\_ **\*\* EDI Qualifier:** \_\_\_\_\_

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**Bank Information for Your Company:**

Name of Bank \_\_\_\_\_

Address of Bank (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

(Check One) Checking \_\_\_\_ Savings \_\_\_\_

Transit Routing Number (9 Digits) for Bank \_\_\_\_\_  
(If your bank merged in the last year, please confirm this number with them before submitting this form)

Bank Account Number \_\_\_\_\_

Bank Contact Name \_\_\_\_\_ e-mail \_\_\_\_\_

Bank Area Code & Telephone Number \_\_\_\_\_

For information about filling out these EDI forms or on the Commonwealth of Virginia’s Financial Electronic Data Interchange program, refer to the “Trading Partner Guide” on the Department of Accounts website, [www.doa.state.va.us](http://www.doa.state.va.us). Click on the “EDI” button and scroll down for a listing of the EDI documents available on the website.

**A payment format, either CCD or CTX, must be selected on the Electronic Payment Information Form.** These formats determine how the remittance detail (e.g., invoice number, invoice date or customer account number) for your payments is routed to your company.

**CTX** routes the remittance detail to your financial institution along with the funds. Your financial institution should translate and relay the electronic remittance detail to your company. Contact your financial institution before signing up to find out what you will receive from them. There is no charge by the Commonwealth of Virginia associated with the CTX payment format.

**CCD** routes the remittance detail through a Value Added Network (VAN) while your funds are routed to your financial institution. The remittance detail can be sent to a VAN with which your company has contracted or a VAN with which the Commonwealth of Virginia has contracted. The Commonwealth of Virginia has contracted with a company for remittance detail to be faxed to those companies that sign up for this service. There is a minimum \$25.00 monthly fee for this fax service.

Fax completed forms to:      General Accounting Unit  
    Department of Accounts  
    (804) 225-4250

OR

Mail completed forms to: General Accounting Unit  
Department of Accounts  
P. O. Box 1971  
Richmond, VA 23218-1971